



HOUSE MAJORITY OFFICE

Representative Carlos Lopez – Cantera, Majority Leader

IN CASE YOU MISSED IT

Drug Databases Fail to Halt Abuse, Studies Find

April 4, 2011

Sunshine State News

<http://www.sunshinestatenews.com/story/drug-databases-fail-halt-abuse-studies-find>

A series of little-noted studies throws cold water on the widely advertised claim that Prescription Drug Monitoring Programs reduce the deadly abuse of controlled substances.

Researchers Ronald Simeone and Lynn Holland found that "the probability of pain-reliever abuse is actually higher in states that have PDMPs than in states that do not."

"The evidence suggests that states which are proactive in their approach to regulation are more effective in reducing the per-capita supply of prescription pain relievers and stimulants," declared the 2006 study, titled "An Evaluation of Prescription Drug Monitoring Programs."

By contrast, the Simeone-Holland study found that states which are "reactive" tend to be less effective in controlling prescription-drug abuse.

The Florida Senate's proposed prescription-drug database falls into the "reactive" category, since it simply monitors drug transactions, without proactively enforcing laws that would block certain sales.

Proposed House legislation would take the proactive approach by prohibiting physicians from dispensing specific drugs at their offices or clinics. Prescriptions would be required to be routed through licensed pharmacies -- effectively shutting down doctor-run "pill mills."

In their survey of state PDMPs, Simeone and Holland found that some have been more effective than others in rooting out prescription-drug abuse. The researchers determined that the more aggressive the program, the more they controlled abusive practices.

It's unclear at this point if Florida's proposed PDMP would have the authority, the staffing or the financial resources to accomplish its intended goal. Funding for the program -- which supporters say will come through private grants -- remains problematic.

Senate President Mike Haridopolos and Attorney General Pam Bondi are among the program's leading proponents.

Beyond funding, Gov. Rick Scott, House Speaker Dean Cannon and Senate Health Committee Chairman Joe Negron have expressed doubts about the propriety of a one-size-fits-all monitoring program to delve into the private, privileged relationship between law-abiding physicians and patients.

Cannon supports the House bill (PCB HHSC 11-03) because it would put pill mills out of business -- not just "monitor" them.

"Ultimately, the PDMP will merely track -- not prevent -- prescription drug abuse in Florida. The speaker believes the quickest and most effective way to stop prescription drug abuse in Florida is to ban practitioners from dispensing controlled substances," said Cannon spokeswoman Katie Betta.

Another study, conducted by University of Texas researchers, compared the prescription-drug mortality rates in states with PDMPs and those without.

The results were the opposite of what PDMP advocates claim.

"Drug-related mortality rates were lower in states with inactive programs, when compared to states with active PDMPs," according to the study presented at the International Society for Pharmacoeconomics and Outcomes Research in Atlanta last May.

"Among states with active PDMPs, New Mexico had the highest drug-related mortality rate (21 percent). Among states with inactive PDMPs, Maryland had the highest mortality rate (14.6 percent)."

Statistically, the UT researchers found "no significant difference per 100,000 people associated with active PDMPs compared to states with inactive PDMPs."

The study added a caveat, however, by noting that the results "may be representative of political pressure to enact programs in states with higher mortality rates."

Per its conclusion that "drug-related mortality rates were lower in states with inactive programs when compared to states with active PDMPs," the study recommended "more research ... to determine [PDMP] effectiveness."

--